



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]

DECISION

BCC/141327

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**PRELIMINARY RECITALS**

Pursuant to a petition filed May 30, 2012, under Wis. Stat. § 49.45(5)(a), to review a decision by the Waukesha County Health and Human Services in regard to Medical Assistance, a hearing was held on August 06, 2012, at Waukesha, Wisconsin.

The issue for determination is whether Petitioner's BadgerCare+ Core plan benefits were correctly discontinued for lack of completion of the required annual review and then reinstated but with a gap in coverage after the review was completed in month 13.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Lynn Boyenga

Waukesha County Health and Human Services  
500 Riverview Avenue  
Waukesha, WI 53188

**ADMINISTRATIVE LAW JUDGE:**

David D. Fleming  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Waukesha County.
2. Petitioner's BadgerCare+ Core Plan case closed on April 1, 2012 for lack of completion of a required case review. Petitioner's review was due in March 2012. Petitioner was notified of the required review on February 13, 2012.
3. Petitioner contacted the agency by phone on March 28, 2012 to schedule the review appointment. The earliest appointment was for April 2, 2012. In order to get a review done prior to the deadline

Petitioner began the review process online on March 30, 2012 but could not do so as she was mistakenly using her mother's case number. She again contacted the agency, indicated that she needed the review, was told that she had an appointment for April 2, indicated that she could not wait that long and would try to complete the renewal online again. March 30, 2012 was a Friday.

4. Petitioner was unable to complete the renewal process online. Petitioner was unable to complete the review on April 2 but did complete the review on April 3 and did pay the required processing fee of \$60.00 on that day.
5. Petitioner's BadgerCare+ Core eligibility was restored as of April 15, 2012. Thus there was a two-week gap in coverage.

### **DISCUSSION**

A review of BadgerCare+ Core plan eligibility must be completed annually. *See BadgerCare+ Eligibility Handbook (BEH)*, §26.3 & §43.9. A person actually has until the 5<sup>th</sup> of the renewal month to submit a completed renewal which includes payment of the fee. *Id.*, §43.9. Coverage is still available if the renewal is submitted after the 5<sup>th</sup> but before the end of the renewal month but coverage resumes with the next enrollment period. *Id.* Further, a person can begin renewal in the 13<sup>th</sup> month and, if the review is completed in that 13<sup>th</sup> month, the person can be recertified for BadgerCare+ Core eligibility but with a break in service. *BEH*, §§25.9 & 43.9. If the review is not completed in this 13<sup>th</sup> month eligibility is lost. The process is described in the *BEH*:

#### **43.9 BC+ Core Plan Renewals**

All Core Plan members must complete a renewal by the last day of the 12-month [certification period](#) in order to stay enrolled without any lapse in coverage. In order to avoid any lapse in enrollment, a complete renewal must be submitted by the 5<sup>th</sup> of the month. If a renewal is submitted in the 13<sup>th</sup> month, the member can re-enroll as long as all requirements are met by the last day of the 13<sup>th</sup> month or 10 days after requesting verification and/or the fee payment whichever is later. When a renewal is submitted in the 13<sup>th</sup> month the member will have a gap in enrollment. The new enrollment date will be the next 1<sup>st</sup> or 15<sup>th</sup> of the month after all eligibility requirements are met and eligibility has been confirmed.

A complete renewal consists of:

- Providing updated information by phone, in person, or through ACCESS
- [Application](#) processing fee
- Health needs assessment

If the renewal request is not received by the 5<sup>th</sup> of the renewal month there may be a delay and/or loss of coverage. If the request is received after the 5<sup>th</sup> but before the last day of the renewal month, the request is processed and all eligibility actions completed by the agency timely (within 10 calendar days), enrollment resumes on the first day of the next available enrollment period after confirmation.

Here Petitioner had a renewal due in the month of March 2012. She began the renewal process on Friday, March 30 online. At first she had a problem because she was using her mother's case number, she contacted the agency and was reminded of the April 2 appointment and indicated that she would try to complete the renewal online again. It is not clear what happened with that second online attempt but it is clear that the entire process including payment of the fee of \$60 was not completed until April 3. This fact pattern requires the gap in coverage that occurred in this case.

### **CONCLUSIONS OF LAW**

That the available evidence does not demonstrate that the Petitioner timely completed her BadgerCare+ Core review thus the agency correctly discontinued those benefits and then reinstated them with a two week gap in coverage.

**THEREFORE, it is**

**ORDERED**

That this matter is dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

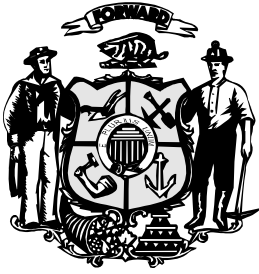
The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 20th day of September, 2012

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David D. Fleming  
Administrative Law Judge  
Division of Hearings and Appeals

c: Waukesha County Health and Human Services - email  
Department of Health Services - email



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on September 20, 2012.

Waukesha County Health and Human Services  
Division of Health Care Access and Accountability